

Long-Term Care Survey Alert

7 Simple Things Can Make A Big Difference In Quality Of Life

Don't miss the quality-of-life forest for the clinical trees.

In the quality-of-life realm, simple interventions can provide hope and comfort, rekindling residents' interest in life. And when that happens, clinical outcomes sometimes improve, too -- a true "win win" for all involved.

Make sure your facility is fostering these seven outcomes below.

1. A sense of purpose, however the person defines it. Many people want to feel as if they are contributing to the world even in very old age or when chronically ill. However, "a challenge for professionals is to help the oldest seniors, who are losing physical and cognitive capacity, find purpose," says **Barbara Matthews**, a specialist in elder care and senior issues in San Diego. A sense of purpose not only helps people to overcome depression, but also gives them a reason to live, she says. For example, Matthews knows a 95-year-old woman with dementia confined to a wheelchair in a nursing home in Los Angeles who finds purpose in life by praying for everyone she meets. In another facility, a former English teacher with paraplegia enjoyed spending time reading to other residents and leading a book club.

2. As much physical autonomy as possible, if that's important to the person. Just being able to button a shirt or walk 150 feet to the dining room can make a huge difference to someone, observes **Katy O'Connor, PT**, a consultant with **Zimmet Healthcare Services** in Morganville, NJ. "An 80-year-old man who was CEO of a company probably doesn't want some young 'whipper snapper' buttoning his shirt."

There's no statistic that says a 90-year-old person or even someone who is older can't increase muscle strength, adds O'Connor. Don't let an aversion to the gym stop residents. "Some people don't like the gym-type environment but will work on building muscle strength in their rooms, for example."

3. The opportunity for human touch. Not all residents want to be touched, but many complain that they miss regular physical human contact. One option is to integrate touch into activities, says O'Connor. "A therapist or nurse can provide a hand massage as part of care. Some facilities have put in a massage room with a licensed massage therapist, although not all people enjoy massages -- you have to individualize it."

4. Laughter and levity. To promote humor for residents in a nursing home, reminiscent therapy can help, says **Karyn Buxman**, a nurse and founder of **HumorLab** in La Jolla, CA. Ask the group members to share their favorite song, game, entertainment or form of fun, as a child. Buxman has seen instances where unresponsive residents perk up and engage in that kind of activity. One such man was in a group because staff thought he could benefit from the stimulation, she reports. The group started talking about their favorite TV or radio shows in the past, and all of a sudden he started reciting a humorous piece from a radio show, Buxman relays.

Try this: "People with Alzheimer's may be able to join in with familiar fun songs," she adds.

5. Pleasure in eating favorite foods and the dining experience. Identify the person's "comfort foods" at admission, and make sure the person receives them. For example, a resident may desire plain white bread spread with grape jelly or chicken noodle soup as snacks. "The attention to food preferences is very important to the resident," emphasizes **Annette Kobriger, RD, CD, MPH, MPA**, a nutritional expert and consultant in Chilton, WI. To enhance the dining experience, Kobriger advocates using a team approach where other disciplines help the nursing assistants in the dining

room. For example, activities staff can transport residents, and other staff people can deliver and set up the tray and sit and visit with the resident for a few minutes, she says.

6. **Spiritual experiences.** Spirituality can bring tremendous comfort to people experiencing loss and illness. A spiritual assessment at admission should be as specific as possible, says **Steven Littlehale, MS, ARPN, BC**, chief clinical officer at **LTCQ Inc.** in Lexington, MA. Find out about the person's faith traditions and spiritual practices -- and whether the person derives strength from them, he advises. Local clergy can help you understand the differences among religions and specific dominations, and offer appropriate support, he adds.

Also keep in mind: "People's spiritual needs and priorities change over time," so reassess them periodically, Littlehale advises.

7. Sound sleep. "Poor sleep can cause behavioral and cognitive problems and really affect a resident's quality of life," says **Jennifer Gross, BSN, RN**, a consultant with LTCQ. Yet facilities don't always do a good sleep assessment, she observes. Or when a resident has a sleep problem, the clinician will often order a sleep aid and keep the resident on the medication too long or provide it too often, she cautions.

The challenge: "It can be hard for a resident to get a good night's sleep in a facility with staff working and people perhaps yelling out. White-noise machines can help, if a resident wants one," Gross advises. Do noise control at night, including prohibitions against paging -- and reminding staff to work quietly.

Danger of wandering behavior? A long list of sleep aids has been linked to bizarre sleep-walking disturbances. Read the FDA news release about the problem at <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01587.html>.